



BUPA CROMWELL HOSPITAL

Bupa 

IN-PATIENT FEEDBACK

YOUR OPINIONS
MAKE A
DIFFERENCE

www.bupacromwellhospital.com

Your opinions make a difference

At Bupa Cromwell Hospital we aim to provide the highest standards of care for every patient, and a quality service to our visitors.

We regard your opinions and comments as extremely valuable. We use them to identify areas of success and opportunities for improvement. To help us measure our level of achievement we would be grateful if you could complete this questionnaire. Your answers will be analysed by an external organisation and returned to the hospital. Be assured your rights to anonymity are fully covered under the Data Protection Act 1998, and no personal information will be released to any other party.

Tick the appropriate box to each question, where applicable. Where sections or questions do not apply, please ignore. Once completed, fold over and seal the flap on the reverse of this questionnaire. If given to you while in hospital, please hand to the Main Reception Desk, on departure. Alternatively, should you need more time for consideration, please place it in a post box. No stamp is required, as we have paid the postage.

Thank you.

About You

Is this your first In/Day-patient stay?

Yes No

On what basis did you receive treatment?

Insured Self pay
 NHS
 Other (specify) _____

Are you?

In-patient Day-patient
 Male Female

Your age group?

Under 16 17-65
 Over 65

Date of admission _____ Room no. _____

What was the main influence on your choice of this hospital? (tick all appropriate)

GP Insurance Company Consultant
 Website Advertisement Previous Visit
 Personal Recommendation Other _____ (specify)

Your Admission

Prior to your admission, did you receive an "In-patient Guide" booklet? Yes No

If yes, did you find it useful? Yes No

How did you receive it?

On the ward In the Consulting room In the post

Was there any information you would have liked to know, that was not in the guide?

On admission, how would you rate each of the following?

Your welcome by reception

Excellent
Very Good
Good
Fair
Poor

The registration process

Explanation of room facilities

Explanation of nurse call system

Helpfulness of porters

Overall impression of the admission process

Following arrival at the hospital, how long did you wait before being taken to your room?

Under 5 mins 5-10 mins Over 10 mins

How could we have improved your admission?

Your Consultant

Name of Consultant? _____

Was the proposed course of treatment clearly explained to you?

Yes, completely Yes, to some extent No

Was the expected outcome clearly explained to you?

Yes, completely Yes, to some extent No

Do you feel you received sufficient information after your treatment?

Yes No

Were you treated with consideration and courtesy by your consultant?

Yes, always Yes, sometimes No

Was there an explanation of consultant payment procedures?

Yes No

Don't know/can't remember

Excellent
Very Good
Good
Fair
Poor

Overall impression of your consultant care

How could your Consultant have improved his care?

Your Nursing

Was the standard of your nursing care consistent?

Yes No

Did you have confidence in the skills of the nursing staff?

Yes, always

Yes, sometimes

No

Were you treated with consideration and courtesy by your nurses?

Yes, always

Yes, sometimes

No

How would you rate your nursing for each of the following?

Admission to your ward/room

Excellent
Very Good
Good
Fair
Poor

Keeping you informed

Response to nurse call

Awareness of your condition

Effectiveness of staff in assessing pain

Effectiveness of actual pain relief

Dispensing medicines at the right time

Overall impression of your nursing care

How could we have improved your nursing care?

Cleanliness

How would you rate each of the following?

Cleanliness of your room

Excellent
Very Good
Good
Fair
Poor

Cleanliness of your toilet / bathroom

Cleanliness of hospital public areas

When the doctors saw you, were their hands clean?

Yes, always

Yes, sometimes

No

Don't know / can't remember

When the nurses saw you, were their hands clean?

Yes, always

Yes, sometimes

No

Don't know / can't remember

Your Accommodation - Room Number: _____

Were you ever bothered by noise? (tick all that apply)

- No Yes, from other patients
 Yes, from hospital staff Yes, from something else

If yes, was it during the...? Day Night

How would you rate each of the following?

	Excellent	Very Good	Good	Fair	Poor
Internal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-room entertainment (TV/Radio etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort of room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Décor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness/helpfulness of housekeeping staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness/helpfulness of maintenance staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall impression of your accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could we have improved your accommodation?

Catering

How would you rate each of the following?

	Excellent	Very Good	Good	Fair	Poor
Variety/choice of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctness of order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of food served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness/helpfulness of catering staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall impression of catering services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How could we have improved your catering?

General Questions

Were you given enough privacy when discussing your condition or treatment?

Yes, always

Yes, sometimes

No

Were you given enough privacy when being examined or treated?

Yes, always

Yes, sometimes

No

Did you want to be more involved in decisions made about your care and treatment?

Yes, definitely

Yes, to some extent

No

When you had important questions to ask did you get answers you could understand?

Yes, always

Yes, sometimes

No

If your family or someone else close to you wanted to talk to a doctor, did they have enough opportunity to do so?

No

Yes, definitely

To some extent

No family or friends were involved

If you had any scheduled tests, X-rays or scans were they performed on time?

Yes, always

Yes, sometimes

No

N/A

Were you satisfied with the way we dealt with financial matters?

Yes, always

No

N/A

If you answered 'No' to any of the above, please can you explain why?

Going Home

How would you rate each of the following?

Assistance with planning your departure

Speed of departure process

Convenience of your departure time

Overall impression of the departure process

Excellent	Very Good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How organised was the departure process?

Very

Fairly

Not at all

Did a member of staff clearly explain about the medicines you were to take at home including any possible side effects?

Yes, completely

Yes, to some extent

No

I had no medicines/didn't need an explanation

Was your take-home medication ready at departure?

Yes

No

N/A

Did you receive adequate written information with your take home medication?

Yes

No

N/A

Did you receive appropriate advice for your care at home?

Yes, completely

Yes, to some extent

No

I didn't need any information

Were you told who to contact if you had any general questions after discharge?

Yes

No

If you had to contact the pharmacy for advice after discharge, was this advice:

Available

Yes

No

N/A

Helpful

Yes

No

N/A

How could we have improved your discharge?

Overall

Overall rating of quality of care

Excellent
Very Good
Good
Fair
Poor

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall rating of value for money

If you have visited us before do you think the levels of our service are:

<input type="checkbox"/> Improving	<input type="checkbox"/> Staying the same	<input type="checkbox"/> Getting worse
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Did you receive a leaflet "Data Protection and Your Information"

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
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Did you understand the information in the leaflet?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Did not read it
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How likely are you to recommend Bupa Cromwell Hospital in the future to friends, family or colleagues?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Definitely
Very likely
Quite likely
Neither/nor
Quite unlikely
Very unlikely
Definitely not

How much do you agree or disagree that...

Bupa have products and services for every stage of life

Bupa are experts in their field

Bupa acts as a healthcare partner for its customers

Bupa helps people live longer, healthier and happier lives

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Strongly agree
Slightly agree
Neither/nor
Slightly disagree
Strongly disagree
Don't know

If you have any additional comments, please make them here

Would you like to mention any staff by name who gave especially good service and say what made them special?

Please tick and include your email address if you would be happy to receive information about the hospital.

Name: Tel:

Address:

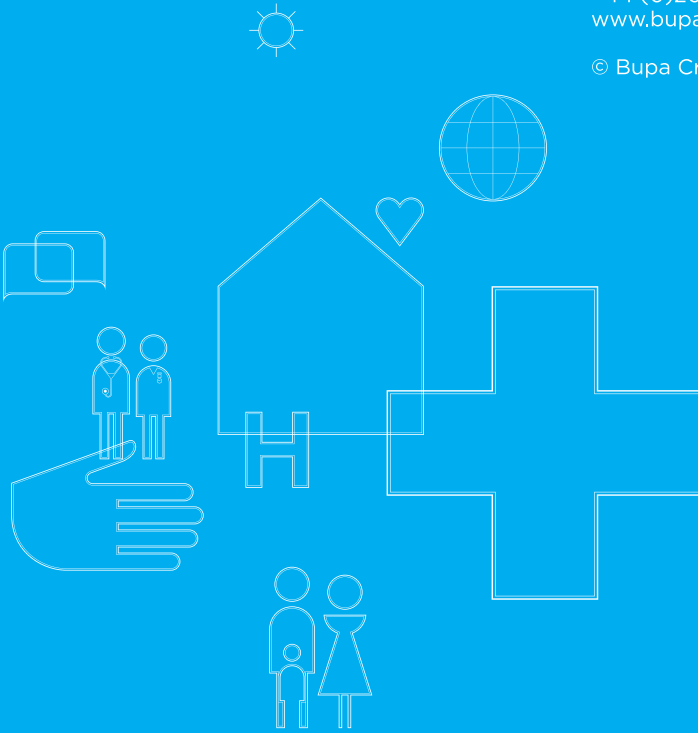
Email:

Moisten this adhesive strip, fold and stick to front cover so that the reply address is visible

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